

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1 File Number U - 9800 | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name Ronald Statile P O Box, Bldg, Room No, if any CWA Local 1102 Street 1110 South Avenue City Staten Island State New York ZIP Code + 4 10314-3403 | 4 Name, file number, and address of labor organization Name CWA Local 1102 Labor Organization File Number 055-876 P O Box, Building and Room Number, if any Street 1110 South Avenue City Staten Island State New York ZIP Code + 4 10314-3403 |
| 5 Position in labor organization President | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|---|---|
| A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of, monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name, if any) Name Transervice Logistics, Inc. Trade Name, if any P O Box, Bldg, Room No, if any Street 5 Dakota Drive City Lake Success State New York ZIP Code + 4 11042 | 7 a Nature of Interest, Transaction, or Income Holiday basket (food) (estimated value) 7 b Amount \$30 |

Signature

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| 15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions) | |
| Signed <u>Ronald J. Statile</u> | On <u>8/12/05</u> (718) 420-1102 Date Telephone Number |

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|---|-----------------------|
| Name of Person Filing Ronald Statile | File Number U- |
|---|-----------------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
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| 8 Name and address of Business (including trade name, if any) | 9 Business deals with |
| Name | <input type="checkbox"/> a Labor Organization |
| Trade Name, if any | <input type="checkbox"/> b Trust |
| P O Box, Bldg , Room No , if any | <input type="checkbox"/> c Employer |
| Street | |
| City | |
| State ZIP Code + 4 | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing |
| Name | |
| Trade Name, if any | |
| P O Box, Bldg , Room No , if any | |
| Street | 11 b Approximate dollar value of such dealing |
| City | 12 a Nature of interest held or income received |
| State ZIP Code + 4 | |
| | 12 b Amount |

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| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) | 14 a Nature of payment. |
| Name | |
| Trade Name, if any | |
| P O Box, Bldg , Room No , if any | |
| Street | |
| City | |
| State ZIP Code + 4 | |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14 b Amount of payment. |

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| Name of Person Filing Ronald Statile | File Number U- |
|---|----------------|

Part A Continuation Page

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| A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Transerve Logistics, Inc. Trade Name, if any P O Box, Bldg , Room No , if any Street 5 Dakota Drive City Lake Success State New York ZIP Code + 4 11042 | 7 a Nature of Interest, Transaction, or Income Dinner (estimated value) |
| | 7 b Amount <div align="right">\$50</div> |

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|---|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4 | 7 a Nature of Interest, Transaction, or Income |
| | 7 b Amount |

| | |
|---|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4 | 7 a Nature of Interest, Transaction, or Income |
| | 7 b Amount |